
SOCIAL SERVICES STANDARDS
SERVICE PROGRAM NO. 6 OUT-OF-HOME CARE FOR ADULTS

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CHAPTER 30-600 SERVICE PROGRAM NO. 6: OUT-OF-HOME CARE FOR ADULTS

30-600 GENERAL 30-600

- .1 Services provided under this program shall be directed only at Goals 3, 4, and 5.

30-602 DEFINITIONS 30-602

- .1 **"Out-of-home care "** means a living arrangement in which a recipient is provided with room and board in a protective setting.
- .2 **"Out-of-home care for adults"** means those activities and purchases by social services staff on behalf of adults who cannot remain in their own homes or other independent living arrangements, and are in or are being considered for placement in out-of-home care facilities. Such activities include providing necessary assistance with placement, care, adjustment, discharge or transfer into and from foster family settings, halfway houses, nonmedical out-of-home care facilities, and medical facilities.
- .3 **"Nonmedical out-of-home care facility"** means a facility licensed to provide residential care or a private home or other facility which provides personal care and supervision.
- .4 **"Medical facility"** means a general acute care hospital, acute psychiatric hospital, skilled nursing facility, or intermediate care facility in which an individual receives necessary medical care.

30-610 ELIGIBILITY 30-610

- .1 An adult shall be eligible to receive out-of-home care for adults if he/she is one of the following:
- .11 A recipient of SSI/SSP, as defined in Section 30-002(y)(3).
- .12 An income eligible as defined in Section 30-002(h)(1).
- .2 Any eligible adult who requests services, or for whom a referral is received for out-of-home care for adults, shall be considered to be in need of such services until an assessment of actual needs has been made which indicates otherwise.

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SERVICE PROGRAM NO. 7: IN-HOME SUPPORTIVE SERVICES

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- .1 The In-Home Supportive Services (IHSS) Program provides assistance to those eligible aged, blind and disabled individuals who are unable to remain safely in their own homes without this assistance. IHSS is an alternative to out-of-home care. Eligibility and services are limited by the availability of funds.
- .2 The Personal Care Services Program (PCSP) provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institutions Code Section 14132.95 and Title 22, California Code of Regulations, Division 3 and is subject to all other provisions of Medi-Cal statutes and regulations. The program is operated pursuant to Division 30.
- .3 Individuals who qualify for both IHSS and PCSP funding shall be funded by PCSP.
- .4 All civil rights laws, rules, and regulations of Division 21 shall be complied with in administering IHSS program regulations.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Section 14132.95, Welfare and Institutions Code.

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- (a) (1) Administrative costs are those costs necessary for the proper and efficient administration of the county IHSS program as defined below. Activities considered administrative in nature include, but are not limited to:
 - (A) Determine eligibility;
 - (B) Conduct needs assessments;
 - (C) Give information and referrals;
 - (D) Establish case files;
 - (E) Process Notices of Action;
 - (F) Arrange for services;
 - (G) Compute shares of cost;
 - (H) Monitor and evaluate contractor performance;
 - (I) Respond to inquiries;
 - (J) Audit recipient and individual provider timesheets;

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	(K) Enter case and payroll information into the CMIPS;	
	(L) Screen potential providers and maintain a registry or list.	
(2)	Administrative activities for PCSP are those activities necessary for the proper and efficient administration of the county PCSP. In addition to all activities listed in Section 30-753(a)(1) as administrative activities for IHSS except Section 30-753(a)(1)(G), the following activities are considered administrative in nature, subject to PCSP funding:	
	(A) Nursing supervision;	
	(B) Clerical staff directly supporting nursing supervision of PCSP cases;	
	(C) Physician certification of medical necessity when such certification is completed by a licensed health care professional who is a county employee;	
	(D) Provider enrollment certification.	
(3)	Allocation means federal, state, and county monies which are identified for a county by the Department for the purchase of services in the IHSS Program.	
(b) (1)	Base Allocation means all federal, state and county monies identified for counties by the Department for the purchase of services in the IHSS Program, exclusive of any provider COLA allocation, but including recipient COLA.	
(2)	Base Rate means the amount of payment per unit of work before any premium is applied for overtime or related extraordinary payments.	
(c) (1)	Certified Long-Term Care Insurance Policy or Certificate or certified policy or certificate means any long-term care insurance policy or certificate, or any health care service plan contract covering long-term care services, which is certified by the California Department of Health Services as meeting the requirements of Welfare and Institutions Code Section 22005.	
(2)	Compensable services are only those services for which a provider could legally be paid under the statutes.	
(3)	Consumer means an individual who is a current or past user of personal care services, as defined by Section 30-757.14, paid for through public or private funds or a recipient of IHSS or PCSP.	
(4)	County Plan means the annual plan submitted to the California Department of Social Services specifying how the county will provide IHSS and PCSP.	
(5)	CRT or Cathode Ray Tube means a device commonly referred to as a terminal which is used to enter data into the IHSS payrolling system.	

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- (6) CRT County means a county in which one or more CRTs have been located allowing the county to enter its data directly into the payrolling system.
- (d) (1) Deeming means procedures by which the income and resources of certain relatives, living in the same household as the recipient, are determined to be available to the recipient for the purposes of establishing eligibility and share of cost.
- (2) Designated county department means the department designated by the county board of supervisors to administer the IHSS program.
- (3) Direct advance payment means a payment to be used for the purchase of authorized IHSS which is sent directly to the recipient in advance of the service actually being provided.
- (e) (1) Employee means the provider of IHSS under the individual delivery method as defined in Section 30-767.13.
- (2) Employer means the recipient of IHSS when such services are purchased under the individual delivery method as defined in Section 30-767.13.
- (3) Equity Value means a resource's current market value after subtracting the value of any liens or encumbrances against the resources which are held by someone other than the recipient or his/her spouse.
- (f) (Reserved)
- (g) Gatekeeper Client means a person eligible for, but not placed in a skilled or intermediate care facility as a result of preadmission screening.
- (h) (1) Hours Worked means the time during which the provider is subject to the control of the recipient, and includes all the time the provider is required or permitted to work, exclusive of time spent by the provider traveling to and from work.
- (2) Housemate means a person who shares a living unit with a recipient. An able and available spouse or a live-in provider is not considered a housemate.
- (i) (1) "Intercounty Transfer" means a transfer of responsibility for the provision of IHSS services from one county to another when the recipient continues to be eligible for IHSS:
 - (A) "Transferring County" means the county currently authorizing IHSS services.
 - (B) "Receiving County" means the county to which the recipient moves to make his/her home.

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- (C) "Transfer Period" means the period during which the transferring county remains responsible for payment of IHSS services, after which the receiving county will be responsible for payment. The transfer period starts when the transferring county sends the documentation and records to the receiving county.
- (D) "Expiration of Transfer Period" means the end of the transfer period. The transfer period ends on the the last day of the second month following the month in which the transfer period begins, or on the last day of an earlier month, if the two counties agree.

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- (E) Example: The transferring county sends a notification of transfer form along with documents to the receiving county on January 20, 1998.

The receiving county has 30 calendar days to return the transfer form. The receiving county returns the transfer form on February 28, 1998, stating that they will assume responsibility effective April 1, 1998.

- The transfer period begins January 20, 1998.

- The transfer period ends on March 1, 1998. IHSS payment is terminated by the transferring county.

- The receiving county begins IHSS payment effective April 1, 1998 and the transfer is complete.

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- (j) (Reserved)
- (k) (Reserved)
- (l) (1) Landlord/Tenant Living Arrangement means a shared living arrangement considered to exist when one housemate, the landlord, allows another, the tenant, to share housing facilities in return for a monetary or in-kind payment for the purpose of augmenting the landlord's income. A landlord/tenant arrangement is not considered to exist between a recipient and his/her live-in provider. Where housemates share living quarters for the purpose of sharing mortgage, rental, and other expenses, a landlord tenant relationship does not exist, though one housemate may customarily collect the payment(s) of the other housemate(s) in order to pay mortgage/rental payments in a lump sum.
- (2) Licensed Health Care Professional means a person who is a physician as defined and authorized to practice in this state in accordance with the California Business and Professions Code.
- (3) Live-In Provider means a provider who is not related to the recipient and who lives in the recipient's home expressly for the purpose of providing IHSS-funded services.

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- (4) A list means any informal or formal listing or registry of written name(s) of prospective In-Home Support Services providers maintained by the county agency, county social services staff, a contractor as defined under Welfare and Institutions Code Section 12302.1, or any public or private agency for purposes of referring the prospective providers for employment.
- (m) Minor means any person under the age of eighteen who is not emancipated by marriage or other legal action.
- (n) (1) Net Nonexempt Income means income remaining after allowing all applicable income disregards and exemptions.
- (2) Nonprofit consortium means an association that has a tax-exempt status and produces a tax exempt status certificate and meets the definition of a nonprofit organization as contained in OMB Circular A-122 found at Federal Register, Vol. 45, No. 132, dated July 8, 1980.

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- (A) OMB Circular A-122 found at Federal Register, Vol. 45, No. 132, dated July 8, 1980, defines a nonprofit organization as one which:
 - (1) Operates in the public interest for scientific, educational, service or charitable purposes;
 - (2) Is not organized for profit making purposes;
 - (3) Is not controlled by or affiliated with an entity organized or operated for profit making purposes; and
 - (4) Uses its net proceeds to maintain, improve or expand its operations.

HANDBOOK ENDS HERE

- (o) (1) Out-of-Home Care Facility means a housing unit other than the recipient's own home, as defined in (o) (2) below. Medical out-of-home care facilities include acute care hospitals, skilled nursing facilities, and intermediate care facilities. Nonmedical out-of-home care facilities include community care facilities and homes of relatives which are exempt from licensure, as specified in Section 46-325.5, where recipients are certified to receive board and care payment level from SSP.
- (2) Own Home means the place in which an individual chooses to reside. An individual's "own home" does not include an acute care hospital, skilled nursing facility, intermediate care facility, community care facility, or a board and care facility. A person receiving an SSI/SSP payment for a nonmedical out-of-home living arrangement is not considered to be living in his/her home.

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- (p) (1) Paper County means a county which sends its data in paper document form for entry into the payroll system to the IHSS payroll contractor.
- (2) Payment Period means the time period for which wages are paid. There are two payment periods per month corresponding to the first of the month through the fifteenth of the month and the sixteenth of the month through the end of the month.
- (3) Payrolling System means a service contracted for by the state with a vendor to calculate paychecks to individual providers of IHSS; to withhold the appropriate employee taxes from the provider's wages; to calculate the employer's taxes; and to prepare and file the appropriate tax return.
- (4) Personal Attendant means a provider who is employed by the recipient and, as defined by 29 CFR 552.6, who spends at least eighty percent of his/her time in the recipient's employ performing the following services:
- (A) Preparation of meals, as provided in Section 30-757.131.
 - (B) Meal clean-up, as provided in Section 30-757.132.
 - (C) Planning of menus, as provided in Section 30-757.133.
 - (D) Consumption of food, as provided in Section 30-757.14(c).
 - (E) Routine bed baths, as provided in Section 30-757.14(d).
 - (F) Bathing, oral hygiene and grooming, as provided in Section 30-757.14(e).
 - (G) Dressing, as provided in Section 30-757.14(f).
 - (H) Protective supervision, as provided in Section 30-757.17.
- (5) Preadmission Screening means personal assessment of an applicant for placement in a skilled or intermediate care facility, prior to admission to determine the individual's ability to remain in the community with the support of community-based services.
- (6) Provider Cost-of-Living Adjustment (COLA) means all federal, state and county monies identified for counties by SDSS for the payment of wage and/or benefit increases for service providers in the IHSS program.

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- (7) Public Authority means:
- (A) An entity established by the board of supervisors by ordinance, separate from the county, which has filed the statement required by Section 53051 of the Government Code, and
 - (B) A corporate public body, exercising public and essential governmental functions and that has all powers necessary and convenient to carry out the delivery of in-home supportive services, including the power to contract for services and make or provide for direct payment to a provider chosen by a recipient for the purchase of services.
- (q) (Reserved)
- (r) (1) Recipient means a person receiving IHSS, including applicants for IHSS when clearly implied by the context of the regulations.
- (2) Reduced payment means any payment less than full payment that may be due.
- (s) (1) Severely Impaired Individual means a recipient with a total assessed need, as specified in Section 30-763.5, for 20 hours or more per week of service in one or more of the following areas:
- (A) Any personal care service listed in Section 30-757.14.
 - (B) Preparation of meals.
 - (C) Meal cleanup when preparation of meals and consumption of food (feeding) are required.
 - (D) Paramedical services.
- (2) Shared Living Arrangement means a situation in which one or more recipients reside in the same living unit with one or more persons. A shared living arrangement does not exist if a recipient is residing only with his/her able and available spouse.
- (3) Share of cost means an individual's net non-exempt income in excess of the applicable SSI/SSP benefit level which must be paid toward the cost of IHSS authorized by the county.
- (4) Spouse means a member of a married couple or a person considered to be a member of a married couple for SSI/SSP purposes. For purposes of Section 30-756.11 for determining PCSP eligibility, spouse means legally married under the laws of the state of the couple's permanent home at the time they lived together.

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- (5) SSI/SSP means the Supplemental Security Income and State Supplementary Program administered by the Social Security Administration of the United States Department of Health and Human Services in California.
- (6) State Allocation Plan means that process whereby individual county IHSS program allocations are developed in a manner consistent with a) Welfare and Institutions Code Sections 10102 and 12300 et seq., and b) funding levels appropriated and any control provision contained in the Annual Budget Act.
- (7) State-mandated program cost means those county costs incurred for the provision of IHSS to recipients, as specified in Section 30-757, in compliance with a state approved county plan. Costs caused by factors beyond county control such as caseload growth and increased hours of service based on individually assessed need, shall also be considered state-mandated.
- (8) Substantial Gainful Activity means work activity that is considered to be substantial gainful activity under the applicable regulations of the Social Security Administration, 20 CFR 416.932 through 416.934. Substantial work activity involves the performance of significant physical or mental duties, or a combination of both, productive in nature. Gainful work activity is activity for remuneration of profit, or intended for profit, whether or not profit is realized, to the individual performing it or to the persons, if any, for whom it is performed, or of a nature generally performed for remuneration or profit.
- (9) Substitute Payee means an individual who acts as an agent for the recipient.
- (t) Turnaround Timesheet means a three-part document issued by the state consisting of the paycheck, the statement of earnings, and the timesheet to be submitted for the next pay period.
- (u) (Reserved)
- (v) (1) Voluntary Services Certification is the form numbered SOC 450 (10/98) which is incorporated by reference and which is to be used statewide by person(s) providing voluntary services without compensation.
- (w) (Reserved)
- (x) (Reserved)
- (y) (Reserved)
- (z) (Reserved)

NOTE: Authority cited: Sections 10553, 10554, 12301.1, and 22009(b), Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 10554, 11102, 12300(c), 12301, 12301.6, 12304, 12306, 12308, 13302, 14132.95, 14132.95(e), 14132.95(f), and 22004, Welfare and Institutions Code.

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.1 Eligibility

.11 A person is eligible for IHSS who is a California resident living in his/her own home, and who meets one of the following conditions:

.111 Currently receives SSI/SSP benefits.

.112 Meets all SSI/SSP eligibility criteria including income, but does not receive SSI/SSP benefits.

.113 Meets all SSI/SSP eligibility criteria, except for income in excess of SSI/SSP eligibility standards and meets applicable share of cost obligations.

.114 Was once eligible for SSI/SSP benefits, but became ineligible because of engaging in substantial gainful activity, and meets all of the following conditions:

(a) The individual was once determined to be disabled in accordance with Title XVI of the Social Security Act (SSI/SSP).

(b) The individual continues to have the physical or mental impairments which were the basis of the disability determination.

(c) The individual requires assistance in one or more of the areas specified under the definition of "severely impaired individual" in Section 30-753.

(d) The individual meets applicable share of cost obligations.

.12 Otherwise eligible applicants, currently institutionalized, who wish to live in their own homes and who are capable of safely doing so if IHSS is provided, shall upon application receive IHSS based upon a needs assessment.

.121 Service delivery shall commence upon the applicant's return home, except that authorized services as specified in Section 30-757.12 may be used to prepare for the applicant's return home.

.2 Eligibility Determination

.21 Eligibility shall be determined by county social service staff at the time of application, at subsequent 12-month intervals, and when required based on information received about changes in the individual's situation.

.22 Eligibility for current recipients of SSI/SSP shall be determined by verifying receipt of SSI/SSP. This can be done in any of the following ways:

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- .221 Seeing the current SSI/SSP Notice of Determination.
- .222 Seeing the current SSI/SSP benefit check.
- .223 Contacting the Social Security District Office.
- .224 Checking the Medi-Cal Eligibility Data System (MEDS) or the State Data Exchange (SDX) screens.
- .23 Eligibility for those persons described in Sections 30-755.112, .113, and .114 above shall be determined as follows:
 - .231 Age, blindness, and disability shall be determined by social service staff using the eligibility standards specified in Sections 30-770 through 30-775.
 - (a) Age, blindness or disability may be established by looking at the third and fourth digits of the Medi-Cal number. If the number is 10, the recipient is aged; if 20, the recipient is blind; and if 60, the recipient is disabled. However, if the third and fourth digits of the number are not 20 or 60, a new determination of blindness or disability may be required.
 - .232 Residence, property, and net nonexempt income shall be determined by social service staff using the eligibility standards specified in Sections 30-770 through 30-775.
 - .233 Net nonexempt income in excess of the applicable SSI/SSP benefit level shall be applied to the cost of IHSS.
 - (a) Payment of the entire obligated share of cost is a condition of eligibility for IHSS.
 - (b) Providers shall have the primary responsibility for collecting any share of cost owed to them.
 - (1) The county may collect the share of cost.
 - (2) Counties shall have the responsibility for collection of any share of cost which must be paid against the provider's tax liability.
 - (c) If a recipient fails to pay his/her entire obligated share of cost within the month for which it is obligated, IHSS shall be terminated.

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- (1) Termination will be effective the last day of the month following the month of discovery of the recipient's failure to pay his/her entire obligated share of cost.
 - (d) If an applicant/recipient states verbally or in writing that he/she will not pay his/her share of cost, the applicant/recipient shall not be eligible for IHSS services.
- .24 Notwithstanding Section 30-755.232 above, net nonexempt income for persons specified in Section 30-755.113 above shall be determined, depending on the aid category to which the individual was linked in December, 1973, according to the Old Age Security (OAS), Aid to the Blind (AB) and Aid to the Totally Disabled (ATD) income regulations which would have been applicable in the individual's case in June, 1973, if it is to the person's advantage and either of the following conditions is met:
 - .241 In December 1973 the person was receiving only homemaker/chore services or was receiving an OAS, AB or ATD cash grant solely for attendant care, and has received IHSS services continuously since that date.
 - .242 In December 1973 the person had applied for attendant care of homemaker/chore service, met all eligibility requirements in that month, and has received IHSS services continuously since that date.
- .25 The case record for persons specified in .111 above shall indicate the information used to determine receipt of SSI/SSP benefits.
- .26 The case record for persons specified in Sections 30-755.112, .113, and .114 above shall include:
 - .261 The information used by the county to determine age, blindness or disability.
 - .262 The information regarding the recipient's property, income, and living situation used by the county in determining eligibility. Such information shall be recorded on a statement of facts form which shall be signed by the recipient or his/her authorized representative under penalty of perjury, and shall be dated. The county shall verify income. The county may verify other information if necessary to insure a correct eligibility determination.

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.263 For persons eligible under .114 above, the information used to decide that the recipient was once determined to be eligible for SSI/SSP, was once determined to be disabled as provided in .114(a) above, and was discontinued from SSI/SSP because of engaging in substantial gainful activity.

.264 The computation of the amount the recipient must pay toward the cost of in-home supportive services.

.3 Medi-Cal

.31 Recipients of services under .112, .113, and .114 above are eligible for Medi-Cal, provided that any net nonexempt income in excess of the SSI/SSP benefit level shall be applied to the cost of in-home supportive services.

NOTE: Authority cited: Sections 10553, 10554, and 12150, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 10554, 12304.5, 12305, and 14132.95, Welfare and Institutions Code.

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- .1 Staff of the designated county department shall determine the recipient's level of ability and dependence upon verbal or physical assistance by another for each of the functions listed in Section 30-756.2. This assessment shall evaluate the effect of the recipient's physical, cognitive and emotional impairment on functioning. Staff shall quantify the recipient's level of functioning using the following hierarchical five-point scale:
 - .11 Rank 1: Independent: able to perform function without human assistance, although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his or her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.
 - .12 Rank 2: Able to perform a function, but needs verbal assistance, such as reminding, guidance, or encouragement.
 - .13 Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.
 - .14 Rank 4: Can perform a function but only with substantial human assistance.
 - .15 Rank 5: Cannot perform the function, with or without human assistance.
- .2 Staff of the designated county department shall rank the recipient's functioning in each of the following functions.
 - (a) Housework;
 - (b) Laundry;
 - (c) Shopping and errands;
 - (d) Meal preparation and cleanup;
 - (e) Mobility inside;

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- (f) Bathing and grooming;
- (g) Dressing;
- (h) Bowel, bladder and menstrual;
- (i) Repositioning;
- (j) Eating;
- (k) Respiration;
- (l) Memory;
- (m) Orientation; and
- (n) Judgment.

.3 Staff of the designated county department shall use the following criteria to support the determination of functional impairment:

- .31 The recipient's diagnosis may provide information to substantiate demonstrated functional impairments, but the recipient's functioning is an evaluation of the recipient's capacity to perform self-care and daily chores.
- .32 Need may be distinct from current practice. The assessment of need shall identify the recipient's capacity to perform functions safely. The assessment of need shall identify the recipient's capacity rather than level of dependence.
- .33 The recipient's needs shall be assessed within his/her environment, considering the mechanical aids or durable medical appliances the recipient uses.
- .34 The scales are hierarchical. The higher the score, the more dependent the recipient is upon another person to perform IHSS services activities.
- .35 Most functions are evaluated on a five-point scale. However, the functions of memory, orientation and judgment contain only three ranks. The function of respiration contains only ranks 1 and 5. These inconsistencies in the ranking patterns exist because differing functional ability in these areas does not result in significantly different need for human assistance.

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- .36 The order in which the physical functions are listed in Sections 30-756.2(a) through (k) is hierarchical.

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- .361 In 95 percent of any impaired population, people tend to lose functioning in the inverse order of normal infant development. Therefore, it would be unlikely for a recipient to score higher ranks in the functions listed at the bottom of the list than those at the top. This listing should assist in the assessment process.

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- .37 Mental functioning shall be evaluated as follows:
- .371 The extent to which the recipient's cognitive and emotional impairment (if any) impacts his/her functioning in the 11 physical functions listed in Sections 30-756.2(a) through (k) is ranked in each of those functions. The level and type of human intervention needed shall be reflected in the rank for each function.
- .372 The recipient's mental function shall be evaluated on a three-point scale (Ranks 1, 2, and 5) in the functions of memory, orientation and judgment. This scale is used to determine the need for protective supervision.
- .4 Notwithstanding Section 30-756.11, staff shall rank a recipient the rank of "1" if the recipient's needs for a particular function are met entirely with paramedical services as described in Section 30-757.19 in lieu of the correlated task.
- .41 If all of the recipient's ingestion of nutrients occurs with tube feeding, the recipient shall be ranked "1" in both meal preparation and eating because tube feeding is a paramedical service.
- .42 If all the recipient's needs for human assistance in respiration are met with the paramedical services of tracheostomy care and suctioning, the recipient should be ranked a "1" because this care is paramedical service rather than respiration.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Section 12309, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

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- .1 Only those services specified below shall be authorized through IHSS. A person who is eligible for a personal care service provided pursuant to the PCSP shall not be eligible for that personal care service through IHSS. A service provided by IHSS shall be equal to the level of the same service provided by PCSP.
- .11 Domestic services which are limited to the following:
- (a) Sweeping, vacuuming, washing and waxing of floor surfaces.
 - (b) Washing kitchen counters and sinks.
 - (c) Cleaning the bathroom.
 - (d) Storing food and supplies.
 - (e) Taking out garbage.
 - (f) Dusting and picking up.
 - (g) Cleaning oven and stove.
 - (h) Cleaning and defrosting refrigerator.
 - (i) Bringing in fuel for heating or cooking purposes from a fuel bin in the yard.
 - (j) Changing bed linen.
 - (k) Miscellaneous domestic services (e.g., changing light bulbs) when the service is identified and documented by the caseworker as necessary for the recipient to remain safely in his/her home.
- .12 Heavy cleaning which involves thorough cleaning of the home to remove hazardous debris or dirt.
- .121 The county shall have the authority to authorize this service only at the time IHSS is initially granted, to enable the provider to perform continuous maintenance; or if a lapse in eligibility occurs, eligibility is reestablished, and IHSS has not been provided within the previous 12 months. The county shall also have the authority to authorize this service should the recipient's living conditions result in a threat to his/her safety and such service may be authorized where a recipient is at risk of eviction for failure to prepare his/her home or abode for fumigation as required by statute or ordinance. The caseworker shall document the circumstances, justifying any such allowance.
- .13 Related services limited to:
- .131 Preparation of meals, includes such tasks as washing vegetables, trimming meat, cooking, setting the table, serving the meals, and cutting the food into bite-size pieces.
- .132 Meal clean-up, including washing and drying dishes, pots, utensils, and culinary appliances, and putting them away.
- .133 Planning of menus.

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.134 Restaurant meal allowance.

- (a) An aged or disabled client who has adequate cooking facilities at home but whose disabilities prevent their use shall be advised of his/her option to receive a restaurant meal allowance in lieu of the services specified in .131 through .133, above, and shopping for food which the recipient would otherwise receive.

- (1) The amount of the restaurant meal allowance shall be that specified in Welfare and Institutions Code Section 12303.7 or as otherwise provided by law.

- (A) IHSS restaurant meal allowances established in accordance with Welfare and Institutions Code Section 12303.7 shall be as follows:

Allowance for <u>an Individual</u>	Allowance for <u>a Couple</u>
\$62.00 per month	\$124.00 per month

- (2) A recipient who receives a restaurant meal allowance as part of his/her SSP grant shall not receive a restaurant meal allowance from IHSS.
- (3) An aged or disabled recipient who is an SSP recipient, who requests a restaurant meal allowance, and who does not have adequate cooking facilities at home shall be referred to SSP.

30-757	PROGRAM CONTENT (Continued)	30-757
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- .135 Laundry services including the tasks of washing and drying laundry, mending, ironing, folding, and storing clothes on shelves or in drawers.
- (a) Laundry facilities are considered available in the home if, at a minimum, there exists a washing machine and a capability to dry clothes on the premises.
 - (b) The need for out-of-home laundry services exists when laundry facilities are not available on the premises and it is therefore necessary to go outside the premises to accomplish this service. Included in out-of-home laundry is the time needed to travel to/from a locally available laundromat or other laundry facility.
- .136 Reasonable food shopping and other shopping/errands limited to the nearest available stores or other facilities consistent with the client's economy and needs.
- (a) The county shall not authorize additional time for the recipient to accompany the provider.
 - (b) Food shopping includes the tasks of making a grocery list, travel to/from the store, shopping, loading, unloading, and storing food.
 - (c) Other shopping/errands includes the tasks of making a shopping list, travel to/from the store, shopping, loading, unloading, and storing supplies purchased, and/or performing reasonable errands such as delivering a delinquent payment to avert an imminent utility shut-off or picking up a prescription, etc.
- .14 Personal care services, limited to:
- (a) Bowel and bladder care, such as assistance with enemas, emptying of catheter or ostomy bags, assistance with bed pans, application of diapers, changing rubber sheets and assistance with getting on and off commode or toilet.
 - (b) Respiration limited to nonmedical services such as assistance with self-administration of oxygen and cleaning IPPB machines.
 - (c) Consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to recipients who cannot feed themselves or who require assistance with special devices in order to feed themselves or to drink adequate liquids.

30-757	PROGRAM CONTENT (Continued)	30-757
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- (d) Routine bed baths.
- (e) Bathing, oral hygiene and grooming.
- (f) Dressing.
- (g) Rubbing of skin to promote circulation, turning in bed and other types of repositioning, assistance on and off seats and wheelchairs, or into and out of vehicles, and range of motion exercises which shall be limited to the following:
 - (1) General supervision of exercises which have been taught to the recipient by a licensed therapist or other health care professional to restore mobility restricted because of injury, disuse or disease.
 - (2) Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent with the patient's capacity and tolerance.
 - (A) Such exercises shall include the carrying out of maintenance programs, i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.
- (h) Moving into and out of bed.
- (i) Care of and assistance with prosthetic devices and assistance with self-administration of medications.
 - (1) Assistance with self-administration of medications consists of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken and setting up Medi-sets.
- (j) Routine menstrual care, limited to application of sanitary napkins and external cleaning.
- (k) Ambulation, consisting of assisting the recipient with walking or moving the recipient from place to place.

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30-757	PROGRAM CONTENT (Continued)	30-757
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- .15 Assistance by the provider is available for transportation when the recipient's presence is required at the destination and such assistance is necessary to accomplish the travel, limited to:
 - .151 Transportation to and from appointments with physicians, dentists and other health practitioners.
 - .152 Transportation necessary for fitting health related appliances/devices and special clothing.
 - .153 Transportation under .151 and .152 above shall be authorized only after social service staff have determined that Medi-Cal will not provide transportation in the specific case.
 - .154 Transportation to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS.
- .16 Yard hazard abatement is light work in the yard which may be authorized for:
 - .161 Removal of high grass or weeds, and rubbish when this constitutes a fire hazard.
 - .162 Removal of ice, snow or other hazardous substances from entrances and essential walkways when access to the home is hazardous.
 - .163 Such services are limited by Sections 30.763.235(b) and .24.
- .17 Protective supervision consisting of observing recipient behavior in order to safeguard the recipient against injury, hazard, or accident.

30-757	PROGRAM CONTENT (Continued)	30-757
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.171 This service is available for monitoring the behavior of nonself-directing, confused, mentally impaired, or mentally ill persons, with the following exceptions:

- (a) Protective supervision does not include friendly visiting or other social activities.
- (b) Supervision is not available when the need is caused by a medical condition and the form of the supervision required is medical.
- (c) Supervision is not available in anticipation of a medical emergency.
- (d) Supervision is not available to prevent or control anti-social or aggressive recipient behavior.

.172 Protective supervision is available under the following conditions:

- (a) Social service staff have determined that a twenty-four-hour need exists for protective supervision and that the recipient can remain at home safely if protective supervision is provided.
- (b) Services staff determine that the entire twenty-four-hour need for protective supervision can be met through any of the following, or combination of the following:
 - (1) IHSS
 - (2) Alternative resources.
 - (3) A reassurance phone service when feasible and appropriate.

.173 Services staff shall discuss with the recipient, or the recipient's guardian or conservator, the appropriateness of out-of-home care as an alternative to protective supervision.

.174 (Reserved)

.175 (Reserved)

30-757	PROGRAM CONTENT (Continued)	30-757
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.176 County Social Services staff shall obtain a signed statement from the provider(s) of record or any other person(s) who agrees to provide any In-Home Supportive Services (IHSS) or PCSP compensable service voluntarily. The statement [Form SOC 450 (10/98)] shall indicate that the provider knows of the right to compensated services, but voluntarily chooses not to accept any payment, or reduced payment, for the provision of services.

(a) The voluntary services certification for IHSS shall contain the following information:

- (1) Services to be performed;
- (2) Recipient(s) name;
- (3) Case number;
- (4) Day(s) and/or hours per month service(s) will be performed;
- (5) Provider of services;
- (6) Provider's address and telephone number;
- (7) Provider's signature and date signed;
- (8) Name and signature of Social Service Worker;
- (9) County; and
- (10) Social Security Number (Optional, for identification purposes only [Authority: Welfare and Institutions Code Section 12302.2]).

.18 Teaching and demonstration services provided by IHSS providers to enable recipients to perform for themselves services which they currently receive from IHSS. Teaching and demonstration services are limited to instruction in those tasks specified in .11, .13, .14, and .16 above.

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- .181 This service shall be provided by persons who ordinarily provide IHSS. The hourly rate of provider compensation shall be the same as that paid to other IHSS providers in the county for the delivery method used.
- .182 This service shall only be provided when the provider has the necessary skills to do so effectively and safely.
- .183 Services shall be authorized for no more than three months.
- .184 Services shall be authorized only when there is a reasonable expectation that there will be a reduction in the need for a specified IHSS funded service as a result of the service authorized under this category which is at least equivalent to the cost of the services provided under this category.
 - (a) The reduction in cost is equivalent if the full cost of service authorized under this part is recovered within six months after the conclusion of the training period.
- .185 Within seven months after completion of teaching and demonstration in a specific case, social service staff shall report in to the Department on the results of the service. The report shall include:
 - (a) The tasks taught.
 - (b) The instructional method used.
 - (c) The delivery method used.
 - (d) The frequency and duration of the instruction.
 - (e) The total need for each service to be affected both before and six months after the instruction.
 - (f) The results of instruction including the number of hours of each authorized IHSS funded service to be affected by the instruction both before and six months after the end of the instruction in hours per month.
 - (g) The hourly rate paid the provider.

30-757	PROGRAM CONTENT (Continued)	30-757
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- .19 Paramedical services, under the following conditions:
- .191 The services shall have the following characteristics:
- (a) are activities which persons would normally perform for themselves but for their functional limitations,
 - (b) are activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health.
 - (c) are activities which include the administration of medications, puncturing the skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional.
- .192 The services shall be provided when ordered by a licensed health care professional who is lawfully authorized to do so. The licensed health care professional shall be selected by the recipient. The recipient may select a licensed health care professional who is not a Medi-Cal provider, but in that event shall be responsible for any fee payments required by the professional.
- .193 The services shall be provided under the direction of the licensed health care professional.
- .194 The licensed health care professional shall indicate to social services staff the time necessary to perform the ordered services.
- .195 This service shall be provided by persons who ordinarily provide IHSS. The hourly rate of provider compensation shall be the same as that paid to other IHSS providers in the county for the delivery method used.
- .196 The county shall have received a signed and dated order for the paramedical services from a licensed health care professional. The order shall include a statement of informed consent saying that the recipient has been informed of the potential risks arising from receipt of such services. The statement of informed consent shall be signed and dated by the recipient, or his/her guardian or conservator. The order and consent shall be on a form developed or approved by the department.

30-757	PROGRAM CONTENT (Continued)	30-757
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- .197 In the event that social services staff are unable to complete the above procedures necessary to authorize paramedical services during the same time period as that necessary to authorize the services described in .11 through .18, social services staff shall issue a notice of action and authorize those needed services which are described in .11 through .18 in a timely manner as provided in Section 30-759. Paramedical services shall be authorized at the earliest possible subsequent date.
- .198 In no event shall paramedical services be authorized prior to receipt by social services staff of the order for such services by the licensed health care professional. However, the cost of paramedical services received may be reimbursed retroactively provided that they are consistent with the subsequent authorization and were received on or after the date of application for the paramedical services.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047; Miller v. Woods/Community Services for the Disabled v. Woods, Superior Court, San Diego County, Case Numbers 468192 and 472068; and Sections 12300, 12300(c)(7), 12300(f), 12300(g), and 12300.1, Welfare and Institutions Code.

30-758	TIME PER TASK AND FREQUENCY GUIDELINES	30-758
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- .1 When assessing the need for the services specified in .11 through .15 below in accordance with the provisions of Section 30-763.2, the assessed time shall not exceed the guidelines listed except as provided in .4 below.
- .11 Domestic services - The guideline time for "domestic services" shall not exceed 6.0 hours total per month per household.

HANDBOOK BEGINS HERE

- .111 Tasks included in domestic services are identified in Section 30-757.11.

HANDBOOK ENDS HERE

- .12 Laundry -
- .121 For laundry services where laundry facilities are available in the home, the guideline time shall not exceed 1.0 hours total per week per household.

HANDBOOK BEGINS HERE

- (a) In-home laundry service is defined and limited in Section 30-757.135.
- (b) In assessing time for in-home laundry services, it is expected that the provider will accomplish other tasks while clothes are washing and drying.

HANDBOOK ENDS HERE

- .122 For laundry services where laundry facilities are not available in the home, the guideline time shall not exceed 1.5 hours total per week per household.

HANDBOOK BEGINS HERE

- (a) Out-of-home laundry service is defined and limited in Section 30-757.135.
- (b) It is expected that the typical provider will use a local laundromat during nonpeak hour time and will utilize as many machines simultaneously as necessary for efficient time utilization.

HANDBOOK ENDS HERE

- .13 Food Shopping - The guideline time for "food shopping" shall not exceed 1.0 hour total per week per household.

HANDBOOK BEGINS HERE

- .131 Food shopping is defined and limited in Section 30-757.136.

HANDBOOK ENDS HERE

- .14 Other shopping errands - The guideline time for "other shopping/errands" shall not exceed 0.5 hours total per week per household.

HANDBOOK BEGINS HERE

.141 Other shopping/errands is defined and limited in Section 30-757.136.

HANDBOOK ENDS HERE

- .2 Counties shall have the authority to develop and use time per task and frequency guidelines for other services, except:
 - .21 personal care services, Section 30-757.14.
 - .22 meal preparation, Section 30-757.131.
 - .23 meal clean-up, Section 30-757.132.
 - .24 paramedical services, Section 30-757.19.
- .3 No exceptions to time per task guidelines shall be made due to inefficiency or incompetence of the provider.
- .4 Welfare and Institutions Code Section 12301.2 states: Time per task guidelines can be used only if appropriate in meeting the individual's particular circumstances. Exceptions to time per task guidelines shall be made when necessary to enable the recipient to establish and maintain an independent living arrangement and/or remain safely in his/her home or abode of his/her own choosing.
 - .41 When an exception to a time per task guideline is made in an individual case, the reason for the exception shall be documented in the case file.

30-758	TIME PER TASK AND FREQUENCY GUIDELINES (Continued)	30-758
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HANDBOOK BEGINS HERE

.411 Documentation of the reason for the exception will provide necessary data to audit the effectiveness of each guideline in terms of:

- (a) achieving equity in assessments; and
- (b) evaluating program costs.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047; and Section 12300, Welfare and Institutions Code.

30-759	APPLICATION PROCESS	30-759
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- .1 Each request or application for services shall have been made in accordance with Section 30-009.22.
- .11 Recipient information including ethnicity and primary language (including sign language) shall be collected and recorded in the case file.
- .2 Applications shall be processed, including eligibility determination and needs assessment, and notice of action mailed no later than 30 days following the date the written application is completed. An exception may be made for this requirement when a disability determination in accordance with Section 30-771 has not been received in the 30-day period. Services shall be provided, or arrangements for their provision shall have been made, within 15 days after an approval notice of action is mailed.
- .3 Pending final determination, a person may be considered blind or disabled for purposes of non-PCSP IHSS eligibility under the following conditions:
 - .31 For a disabled applicant, eligibility may be presumed if the applicant is not employed and has no expectation of employment within the next 45 days, and if in the county's judgment the person appears to have a mental or physical impairment that will last for at least one year or end in death.
 - .32 For a blind applicant, eligibility may be presumed if in the county's judgment the person appears to meet the requirements of Section 30-771.2.

30-759	APPLICATION PROCESS (Continued)	30-759
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- .4 In-Home Supportive Services payment shall be made for authorizable services, as specified in Section 30-761.28, received on or after the date of application or of the request for services as provided in Section 30-009.224, if either the recipient or the provider does not qualify for PCSP. If the ineligible recipient/provider becomes eligible for payment under PCSP, payment shall be made from PCSP as soon as administratively feasible in lieu of IHSS.
- .5 Once services have been authorized, the authorization shall continue until there is a change in eligibility or assessed level of need.
- .6 The availability or continuity of services to a recipient shall not be limited or reduced because the county fails to comply with administrative processing standards in this section and in Section 30-761.2, unless the recipient has substantially contributed to the county's failure to comply.
- .7 A written notice of action containing information on the disposition of the request for service shall be sent to the applicant in accordance with MPP Sections 10-116 and 30-763.8.
- .8 Emergency services may be authorized to aged, blind, or disabled persons prior to the completion of a needs assessment if the recipient meets the eligibility criteria specified in .3 above or in Section 30-755 and the recipient's needs warrant immediate provision of service. The county shall subsequently perform a complete needs assessment within 30 days after the date of application as specified in .4 above, and comply with the standards for application processing.
- .9 An intercounty transfer shall be initiated by the transferring county after receiving notification from the recipient or person as described in Section 30-760.1 of his/her move to a new county. This transfer shall be accomplished in accordance with the following procedures:
- .91 The transferring county shall, within ten (10) calendar days from the original date of notification, send (by mail or FAX) a notification of transfer form developed or approved by the Department and other documents pertaining to the transfer of responsibility and provision of IHSS to the receiving county. Hard copy(ies) shall follow in a timely manner for auditing purposes.

HANDBOOK BEGINS HERE

- .911 The documents required in Section 30-759.91 include, but are not limited to, an application for In-Home Supportive Services, the most recent IHSS assessment, an IHSS provider eligibility update, a personal care services program provider enrollment form (if applicable), a paramedical authorization form (if applicable), current NOAs, and any information pertaining to overpayments and fraud investigations (if applicable).

HANDBOOK ENDS HERE

30-759	APPLICATION PROCESS (Continued)	30-759
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- .92 There shall be no interruption or overlapping of services as the result of a recipient moving from one county to another.
- .921 The transferring county is responsible for authorizing and funding services until the transfer period expires, at which time the receiving county becomes responsible.
- .93 The receiving county shall complete and return a notification of transfer form to the transferring county within thirty (30) days of receipt of the form.
- .931 If the notification of transfer form has not been returned within 30 days by the receiving county, the transferring county shall contact the receiving county to assure that the new county has received the notification of transfer and is taking action.
- .94 As part of the transfer process, the receiving county shall complete a face-to-face assessment during the transfer period.
- .941 There shall be no change in the recipient's level of authorized hours/benefits during the transfer period unless there is a substantive change in living arrangements or other eligibility factors as verified by the receiving county.
- .95 When services are discontinued or hours decreased for cause during the transfer period, and the recipient does not appeal the discontinuance or decrease through the state hearing process, any reapplication shall be treated as a new application with the county in which the recipient currently resides (receiving county).
- .951 When an IHSS recipient appeals (i.e., a discontinuance, decrease of hours, or any adverse action against him/her) for cause during the transfer process, the transferring county shall maintain full responsibility. The transferring county is accountable for the hearing and aid paid pending (if applicable, until a hearing decision is made).
- .96 If a person has an IHSS application pending at the time he/she moves to a new county, the responsibility for completion of the application shall remain with the transferring county in accordance with the following:
- .961 If the person is eligible at the time the county of responsibility changes, a transfer process can be initiated.
- .962 If a Determination of Disability is pending, responsibility shall be retained by the transferring county until the disability determination is received. The transferring county shall forward the disability determination, along with a notification of transfer form (see Section 30-759.91), within 10 calendar days of the date the determination was received.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 11102, 12301, and 14132.95, Welfare and Institutions Code.

30-760	RESPONSIBILITIES	30-760
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.1 Applicant/Recipient Responsibilities

The applicant/recipient, his/her conservator, or in the case of a minor, his/her parents or guardian shall be responsible for:

- .11 Completing or participating in completion of all documents required in the determination of eligibility and need for services.
- .12 Making available to the county all documents that are in his/her possession or available to him/her which are needed to determine eligibility and need for service.
- .13 Reporting all known facts which are material to his/her eligibility and level of need.
- .14 Reporting within ten calendar days of the occurrence, any change in any of these facts.
- .15 Reporting all information necessary to assure timely and accurate payment to providers of service.
- .16 Reporting within 10 calendar days when a change of residence places the recipient within the jurisdiction of another county.

.2 County Responsibilities

- .21 Informing recipients of their rights and responsibilities in relation to eligibility and need for services.
- .22 Evaluating the capacity of applicants or recipients to discharge their responsibilities as set forth in .1 above.
- .23 Assisting recipients as needed in establishing their eligibility and need for service.
- .24 Correctly determining eligibility and need.
- .25 Complying with administrative standards to insure timely processing of recipient requests for service.

NOTE: Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 11102, 12301, and 14132.95, Welfare and Institutions Code.

30-761	NEEDS ASSESSMENT STANDARDS	30-761
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- .1 Services shall be authorized only in cases which meet the following condition:
- .11 The recipient is eligible as specified in Sections 30-755 or 30-780, except that services may be authorized on an interim basis as provided in Section 30-759.3.
 - .12 A needs assessment establishes a need for the services identified in Section 30-757 consistent with the purposes of the IHSS program, as specified in Section 30-750, except as provided in Section 30-759.8.
 - .13 Social services staff of the designated county department has had a face-to-face contact with the recipient in the recipient's home at least once within the past 12 months, and has determined that the recipient would not be able to remain safely in his/her own home without IHSS. If the face-to-face contact is due but the recipient is absent from the state but still eligible to receive IHSS pursuant to the requirements stated in Section 30-770.4, Residency, the face- to-face requirement is suspended until such time as the recipient returns to the state.
 - .14 Performance of the service by the recipient would constitute such a threat to his/her health/safety that he/she would be unable to remain in his/her own home.

30-761	NEEDS ASSESSMENT STANDARDS (Continued)	30-761
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.2 Needs Assessments

.21 Needs assessments are performed:

.211 Prior to the authorization of IHSS services when an applicant is determined to be eligible, except in emergencies as provided in Section 30-759.8.

.212 Prior to the end of the twelfth calendar month from the last assessment.

(a) If a reassessment is completed before the twelfth calendar month, the month for the next assessment shall be adjusted to the 12-month requirement.

.213 Whenever the county has information indicating that the recipient's physical/mental condition, or living/social situation has changed.

.22 Repealed by Manual Letter No. 82-67 (10/1/82).

.23 The designated county department shall not delegate the responsibility to do needs assessments to any other agency or organization.

.24 The needs assessment shall identify the types and hours of services needed and the services which will be paid for by the IHSS program.

.25 No services shall be determined to be needed which the recipient is able to perform in a safe manner without an unreasonable amount of physical or emotional stress.

30-761	NEEDS ASSESSMENT STANDARDS (Continued)	30-761
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- .26 Social service staff shall determine the need for services based on all of the following:
- .261 The recipient's physical/mental condition, or living/social situation.
 - (a) These conditions and situations shall be determined following a face-to-face contact with the recipient, if necessary.
 - .262 The recipient's statement of need.
 - .263 The available medical information.
 - .264 Other information social service staff consider necessary and appropriate to assess the recipient's needs.
- .27 A needs assessment and authorization form shall be completed for each case and filed in the case record. The county shall use the needs assessment form developed or approved by the Department. The needs assessment form shall itemize the need for services and shall include the following:
- .271 Recipient information including age, sex, living situation, the nature, and extent of the recipient's functional limitations, and whether the recipient is severely impaired.
 - .272 The types of services to be provided through the IHSS program, the service delivery method and the number of hours per service per week.
 - .273 Types of IHSS provided without cost or through other resources, including sources and amounts of those services.
 - .274 Unmet need for IHSS.
 - .275 Beginning date of service authorization.

30-761	NEEDS ASSESSMENT STANDARDS (Continued)	30-761
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- .28 Services authorized shall be justified by and consistent with the most recent needs assessment, but shall be limited by the provisions of Section 30-765.
- .3 IHSS staff shall be staff of a designated county department.
- .31 Classification of IHSS assessment workers shall be at the discretion of the county.
- .32 IHSS assessment workers shall be trained in the uniformity assessment system.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

30-763	SERVICE AUTHORIZATION	30-763
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- .1 Services staff shall determine the need for only those tasks in which the recipient has functional impairments. In the functions specified in Section 30-756.2, a functional impairment shall be a rank of at least 2.
- .11 The applicant/recipient shall be required to cooperate to the best of his/her ability in the securing of medical verification which evaluates the following:
 - .111 His/her present condition.
 - .112 His/her ability to remain safely in his/her own home without IHSS services.
 - .113 His/her need for either medical or nonmedical out-of-home care placement if IHSS were not provided.
 - .114 The level of out-of-home care necessary if IHSS were not provided.

30-763	SERVICE AUTHORIZATION (Continued)	30-763
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- .12 Applicant/recipient failure to cooperate as required in Section 30-763.11 shall result in denial or termination of IHSS.
- .2 Using the needs assessment form, services staff shall calculate the number of hours per week needed for each of the services determined to be needed by the procedure described in Section 30-763.1.
- .3 Shared Living Arrangements: The following steps apply to assessing need for clients who live with another person(s). With certain exceptions specified in Section 30-763.4, the need for IHSS shall be determined in the following manner.
 - .31 Domestic Services and Heavy Cleaning
 - .311 The living area in the house shall be divided into areas used solely by the recipient, areas used in common with others, and areas not used by the recipient.
 - .312 No need shall be assessed for areas not used by the recipient.
 - .313 The need for services in common living areas shall be prorated to all the housemates, the recipient's need being his/her prorated share.
 - .314 For areas used solely by the recipient, the assessment shall be based on the recipient's individual need.
 - .32 Related Services need shall be assessed as follows:
 - .321 When the need is being met in common with those of other housemates, the need shall be prorated to all the housemates involved, and the recipient's need is his/her prorated share.

30-763	SERVICE AUTHORIZATION (Continued)	30-763
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- .322 When the service is not being provided by a housemate, and is being provided separately to the recipient, the assessment shall be based on the recipient's individual need.
- .33 The need for protective supervision shall be assessed based on the recipient's individual need provided that:
- .331 When two (or more) IHSS recipients are living together and both require protective supervision, the need shall be treated as a common need and prorated accordingly. In the event that proration results in one recipient's assessed need exceeding the payment and hourly maximums provided in Section 30-765, the apportionment of need shall be adjusted between the recipients so that all, or as much as possible of the total common need for protective supervision may be met within the payment and hourly maximums.
- .332 For service authorization purposes, no need for protective supervision exists during periods when a provider is in the home to provide other services.
- .34 The need for teaching and demonstration services shall be assessed based on the recipient's individual need, except when recipients live together and have a common need, the need shall be met in common when feasible.
- .35 Other IHSS Services:
- .351 The recipient's need for transportation services, paramedical services and personal care services shall be assessed based on the recipient's individual need.
- .352 The need for yard hazard abatement shall not be assessed in shared living arrangements, except when all housemates fall into one or more of the following categories:
- (a) Other IHSS recipients unable to provide such services.
 - (b) Other persons physically or mentally unable to provide such services.
 - (c) Children under the age of fourteen years.

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.4 Exceptions when assessing needs in shared living arrangements:

.41 Able and Available Spouse

.411 When an IHSS recipient has a spouse who does not receive IHSS, the spouse shall be presumed able to perform certain specified tasks unless he/she provides medical verification of his/her inability to do so.

.412 An able spouse of an IHSS recipient shall be presumed available to perform certain specified tasks except during those times he/she is out of the home for employment, health or for other unavoidable reasons and the service must be provided during his/her absence.

.413 When the recipient has an able and available spouse there shall be no payment to the spouse or any other provider for the following services as described in 30-757:

- (a) Domestic
- (b) Related Services
- (c) Yard Hazard Abatement
- (d) Teaching and Demonstration
- (e) Heavy Cleaning

.414 When an able spouse is not available because of employment, health, or other unavoidable reasons, a provider may be paid for the following services only if they must be provided during the spouse's absence:

- (a) Meal Preparation
- (b) Transportation
- (c) Protective Supervision

.415 An able and available spouse or other provider may be paid for providing:

- (a) Personal care services
- (b) Paramedical service

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- .416 In addition to those services listed in Section 30-763.445, a spouse may be paid to provide the following services when he/she leaves full-time employment or wishes to seek employment but is prevented from doing so because no other suitable provider is available:
- (a) Transportation
 - (b) Protective Supervision
- .42 Landlord/Tenant Arrangements
- .421 When the recipient is the tenant, the need for domestic and heavy cleaning services shall be based on the living area used solely by the recipient. No need for yard hazard abatement shall be assessed. The needs assessment shall take into account any services the landlord is obligated to perform under the rental agreement.
- .422 When the recipient is the landlord, the need for domestic and heavy cleaning services shall be assessed for all living areas not used solely by the tenant. The needs assessments shall take into account any services the tenant is obligated to perform under the rental agreement.
- .43 If the recipient has moved into a relative's home primarily for the purpose of receiving services, the need for domestic and heavy cleaning services shall be assessed only for living areas used solely by the recipient. Yard hazard abatement services shall not be provided.

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- .44 When the recipient is under eighteen years of age and is living with the recipient's parent(s), IHSS may be purchased from a provider other than the parent(s) when no parent is able to provide the services for any of the following reasons:
- .441 when the parent(s) is absent because of employment or education or training for vocational purposes.
 - .442 if the parent(s) is physically or mentally unable to perform the needed services.
 - .443 when the parent is absent because of on-going medical, dental or other health-related treatment.
 - .444 up to eight hours per week may be authorized for periods when the parent(s) must be absent from the home in order to perform shopping and errands essential to the family, or for essential purposes related to the care of the recipient's siblings who are minors.
- .45 When the recipient is under eighteen years of age and is living with the recipient's parent(s), IHSS may be purchased from a parent under the following conditions:
- .451 All of the following conditions shall be met:
 - (a) The parent has left full-time employment or is prevented from obtaining full-time employment because of the need to provide IHSS to the child;
 - (b) There is no other suitable provider available ;
 - (c) If the child does not receive the listed services the child may inappropriately require out-of-home placement or may receive inadequate care.
 - .452 For the purposes of Section 30-763.451(b), a suitable provider is any person, other than the recipient's parent(s), who is willing, available, and qualified to provide the needed IHSS.

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.453 When both parents are in the home, a parent may receive a payment as an IHSS provider only under the following conditions:

- (a) The conditions specified in Sections 30-763.451(a) through (c) shall be met.
- (b) The nonprovider parent shall be unable to provide the services because he/she is absent because of employment or in order to secure education as specified in Section 30-763.441, or is physically or mentally unable to provide the services, as specified in Section 30-763.442.
- (c) If the nonprovider parent is unable to provide services because he/she is absent for employment or educational purposes, payment shall be made to the provider parent only for services which are normally provided during the periods of the nonprovider parent's absence as indicated above.

.454 The IHSS provided shall be limited to:

- (a) Related services, as specified in Section 30-757.13.
- (b) Personal care services, as specified in Section 30- 757.14.
- (c) Assistance with travel, as specified in Section 30-757.15.
- (d) Paramedical services, as specified in Section 30-757.19.
- (e) Protective supervision, as specified in Section 30-757.17, limited to that needed because of the functional limitations of the recipient. This service shall not include routine child care or supervision.

.46 When the recipient is a parent living with his/her child(ren) who is under fourteen years of age and who is not eligible or does not need IHSS.

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- .461 The recipient's need for domestic and heavy cleaning services in common living areas, and for related services shall be assessed as if the child(ren) did not live in the home.
- .462 The child(ren)'s needs shall not be considered when assessing the need for services, including domestic or heavy cleaning in areas used solely by the child(ren).
- .47 Live-in Providers:
 - .471 Domestic and heavy cleaning services shall not be provided in areas used solely by the provider. The need for related services may be prorated between the provider and the recipient, if the provider and the recipient agree. All other services shall be assessed based on the recipient's individual need, except as provided in Sections 30-763.33 and .34.
- .5 Having estimated the need according to Sections 30-763.1 and .2, and after making the adjustments identified in Sections 30-763.3 and .4 as appropriate, the remaining list of services and hours per service is the total need for IHSS services.
- .6 Identification of Available Alternative Resources
 - .61 Social services staff shall explore alternative in-home services supportive services which may be available from other agencies or programs to meet the needs of the recipient as assessed in accordance with Section 30-761.26.
 - .611 Social services staff shall arrange for the delivery of such alternative resources as necessary in lieu of IHSS program-funded services when they are available and result in no cost to the IHSS program or the recipient except as provided in Section 30-763.613.

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- .612 The IHSS program shall not deliver services which have been made available to the recipient through such alternative resources, except as provided in Section 30-763.613.
- .613 In no event shall an alternative resource be used at the financial expense of the recipient, except:
 - (a) At the recipient's option; or
 - (b) When the recipient has a share of cost obligation which shall be reduced by the amount necessary for the purchase of the alternative resource.
- .62 Social services staff shall explore with the recipient the willingness of relatives, housemates, friends or other appropriate persons to provide voluntarily some or all of the services required by the recipient.
- .621 Social services staff shall obtain from the recipient a signed statement authorizing discussion of the case with any persons specified in Section 30-763.62.
- .622 Social services staff shall not compel any such volunteer to provide services.
- .63 Social services staff shall document on the needs assessment form the total need for a specific service, which shall then be reduced by any service available from an alternative resource. The remaining need for IHSS is the adjusted need.
- .64 Social Services staff shall obtain a signed statement from the provider(s) of record or any other person(s) who agrees to provide any IHSS/PCSP compensable service voluntarily. The statement [Form SOC 450 (10/98)] shall indicate that the provider(s) knows of the right to compensated services, but voluntarily chooses not to accept any payment, or reduced payment, for the provision of services. (See MPP Section 30-757.176 for information regarding the voluntary services certification form).
- .7 The Determination of Services Which Shall be Purchased by IHSS
 - .71 Services shall be authorized to meet all of the adjusted need for IHSS up to the appropriate service maximum identified in Section 30- 765.
 - .72 These services shall not be authorized concurrently with the SSI/SSP nonmedical out-of-home care living arrangement.
- .8 Notice of Action

30-763	SERVICE AUTHORIZATION (Continued)	30-763
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.81 Whenever an IHSS needs assessment is completed the recipient shall be sent a notice of action in accordance with the requirements of MPP 10-116 and 30-759.7. In addition to the information required in 10- 116, the notice shall include:

.811 a description of each task for which need is assessed.

.812 the number of hours authorized for the completion of the task.

.813 identification of hours for tasks increased or decreased and the difference from previous hours authorized.

.9 Miller vs. Woods and Community Service Center for the Disabled vs. Woods.

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.91 Background

On October 21, 1983 the Court of Appeal, Fourth Appellate District, issued a decision in the consolidated case of Miller vs. Woods and Community Service Center for the Disabled vs. Woods. The court declared invalid MPP 30-463.233c (now 30-763.233c) which provided that no need for protective supervision may be assessed when a housemate is in the home.

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.92 Case Review Procedures

.921 The county shall identify no later than June 30, 1984 all open IHSS cases with recipients living with a housemate where a need for protective supervision as defined in 30-757.17 may exist.

.922 The county shall determine through recipient contact whether a need for protective supervision exists unless the case record provides conclusive evidence which indicates that no need exists.

.93 Authorization and Notification

.931 The county shall complete a new Needs Assessment form to authorize protective supervision. The authorization shall be effective as of May 1, 1984.

30-763	SERVICE AUTHORIZATION (Continued)	30-763
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.932 The county shall send a Notice of Action to all affected recipients which shall state: "Hours for protective supervision are authorized based on the Miller vs. Woods and Community Service Center for the Disabled vs. Woods court action."

.94 Recordkeeping

.941 The county shall maintain a listing of those recipients who were previously not authorized to receive protective supervision because of the presence of a housemate.

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.942 DSS will provide each county with a computer generated listing which identifies any recipient whose address matches the address of an Individual Provider. The listing should be used as an aid and cross-check in the case review process; the listing is not a substitute for the case review.

.943 For those recipients with an Individual Provider, the listing in Section 30-763.941 will be generated through use of a special reason code indicating increased hours due to the Miller vs. Woods court decision.

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NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 12300, 12309, and 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code; and Miller v. Woods/Community Services for the Disabled v. Woods, Superior Court, San Diego County, Case Numbers 468192 and 472068.

30-764	INDIVIDUAL PROVIDER COMPENSATION	30-764
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.1 Computation of Payment

- .11 Social service staff shall determine the amount of the IHSS payment required to purchase services to meet the IHSS adjusted need as specified in 763.41 above.
- .12 The IHSS payment shall be determined by multiplying the monthly adjusted need for IHSS hours by the base payment rate used by the county, except as provided in .14 below.
- .13 The hours and amount of compensation available for personal attendant providers shall be determined by county social services staff. The payment shall be the minimum necessary to obtain adequate service to meet the authorized service needs of the recipient.

.2 Rate of Compensation

- .21 The base rate of compensation used by the county shall not be less than the legal minimum wage in effect at the time the work is performed, except when personal attendants are employed.
- .22 In advance pay cases, the base rate paid by the recipient to the provider shall not be less than the base rate used by the county for the authorized IHSS payment.
- .23 The recipient shall develop a work schedule which is consistent with the authorized service hours at the county's base rate. If the recipient finds that a work schedule cannot be established without requiring payment in excess of the county's base rate, the recipient shall bring such information to the county's attention. The county will determine if payment in excess of the base rate is necessary. Any additional costs resulting from the recipient's actions in work scheduling or increasing the rate paid per work unit shall be borne by the recipient unless prior county approval has been obtained.
- .24 No adjustments in the IHSS payment shall be made for meals and lodging provided to the provider by the recipient except as specified in Section 30-763. However, any income received by the recipient through this means is countable income for eligibility purposes as specified in Section 30-775 and shall be reported as such by the recipient.

30-764	INDIVIDUAL PROVIDER COMPENSATION	30-764
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.3 Employer Responsibilities

- .31 As employers recipients have certain responsibilities for standards of compensation, work scheduling and working conditions as they apply to IHSS individual providers. The county will assure that all recipients understand their basic responsibilities as employers.
- .32 Non live-in employees shall be compensated at the base rate for the first forty hours worked during a work week. Each hour, or fraction thereof, worked in excess of forty hours during a work week shall be compensated at one and one-half times the base rate.